

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-876)

APPLICANT

09/28/74

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	OEP.	IND.	OEP.	IND.	OEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL OEP.	14					
TOTAL	16					

NO.	IND.	OEP.	NO.	IND.	OEP.	NO.	IND.	OEP.
61								
62								
63								
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99								
100								
TOTAL IND.	2							
TOTAL OEP.	14							
TOTAL	16							